

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 \_ 0 0 8

2. STATE:

Rhode Island

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.253

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 88,834

b. FFY 2002 \$ 346,485

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19 D, page 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19 D, page 10

10. SUBJECT OF AMENDMENT:

Principles of Reimbursement for Nursing Facilities

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Christine C. Ferguson

14. TITLE:

Director

15. DATE SUBMITTED:

October 23, 2000

16. RETURN TO:

Dorothy Karolyshyn  
Dept. of Human Services  
600 New London Avenue  
Cranston, RI 02920**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

10-23-00

18. DATE APPROVED:

01-10-01

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

11-1-00

20. SIGNATURE OF REGIONAL OFFICIAL:

Dennis M. Maloney for  
ARA, DMSO

21. TYPED NAME:

22. TITLE:

23. REMARKS:

**OFFICIAL**

- c) the certificate of need for the replacement beds must be granted no later than January 1, 2001, and
- d) at the time replacement beds become licensed, the existing facility shall unconditionally cease operation as a nursing facility, and
- e) notwithstanding any provision in section "Recovery of Depreciation" on pages 32 through 34, of the principles of reimbursement to the contrary, recapture of depreciation will be paid to the State of Rhode Island upon the sale of the existing facility whenever occurring and regardless of the proposed or actual use of the existing facility by the purchaser.

**C. Labor Related Expenses:**

This cost center grouping will include all allowable costs reported in Accounts No. 431 - Health Care Plan (Employer's share-portion attributable to personnel included within this cost center), 432 - Other Employee Fringe Benefits (portion attributable to personnel included within this cost center), 440- Payroll Taxes (portion attributable to personnel included within this cost center), 442- Insurance (Workers Compensation, group life, pension and retirement-portion attributable to personnel included within this cost center), 511- Plant Operation and Maintenance Salaries, 521 - Dietary Salaries, 524 - Purchased Dietary Services, 531 - Laundry and Linen Salaries, 538- Purchased Services Laundry and Linen, 541 - Housekeeping Salaries, 548 - Purchased Services, Housekeeping, 600 Salaries-DNS, 601 - Salaries-R.N.'s, 611-Salaries-L.P.N.'s, 615A, B

TN# 00-008  
Supersedes  
TN# 96-07

Approval Date: 01-10-01

Effective 11/1/00

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